

STATE OF MAINE

BOARD OF CHIROPRACTIC LICENSURE

CHIROPRACTIC ASSISTANT

APPLICATION FOR

CERTIFICATE OF QUALIFICATION
OR
TEMPORARY CERTIFICATE



Department of Professional and Financial Regulation

Office of Licensing and Registration
35 State House Station
Augusta, ME 04333-0035

Office Telephone: (207) 624-8600 or (207) 624-8620
HEARING IMPAIRED (207) 624-8563
Office located at: 122 Northern Avenue, Gardiner, Maine
Email: linda.l.duffy@state.me.us

APPLICATION INSTRUCTIONS

**CHIROPRACTIC ASSISTANT
CERTIFICATE OF QUALIFICATION
OR
TEMPORARY CERTIFICATE**

Application will not be processed until all documentation is received.

If you are applying for a chiropractic assistant certificate of qualification, you must submit the following:

- Completed application
- Application fee \$25.00
- Certificate fee \$50.00
- Verification of a high school diploma or equivalent
- Documentation of successful completion of a course of study
- Documentation of successful completion of the examination requirement, **OR**
- Documentation of three years employment as a chiropractic assistant for a minimum of three years prior to enactment of the Statute which is 10-2-92
- Completed SBI form and a separate \$8.00 fee for criminal records (SBI) check. Make check payable to the Treasurer, State of Maine

If you are applying for temporary chiropractic assistant, you must submit the following:

- Completed application
- Application fee \$25.00
- Verification of high school diploma or equivalent
- Documentation of enrollment in a Board approved course of study
- Completed SBI form and a separate \$8.00 fee for criminal records (SBI) check. Make check payable to the Treasurer, State of Maine



STATE OF MAINE
 DEPARTMENT OF PROFESSIONAL
 AND FINANCIAL REGULATION
 BOARD OF CHIROPRACTIC LICENSURE
 35 STATE HOUSE STATION
 AUGUSTA, MAINE
 04333-0035

Direct Tel: (207) 624-8600 Receptionist: (207) 624-8603
 FAX: (207) 624-8637 TTY/Hearing Impaired: (207) 624-8563

ANGUS S. KING, JR.
 GOVERNOR

ANNE L. HEAD
 DIRECTOR

Email: linda.l.duffy@state.me.us

Application Fee (1446):	\$25.00
✓ CHECK APPROPRIATE BOX	
<input type="checkbox"/> Chiropractic Assistant Temporary Certificate - (1423)	\$25.00
<input type="checkbox"/> Chiropractic Assistant Certificate of Qualification - (1422)	\$50.00
Please Make Check Payable to <i>Treasurer, State of Maine</i>	

The following statement is made pursuant to the Privacy Act of 1974 section 7 (B). Disclosure of your social security number is mandatory. Solicitation of your social security number is solely for tax administration purposes pursuant to 36 MRSA section 175 as authorized by the Tax Reform Act of 1976 (42 USC section 405 (C) (2) (1)). Your social security number will be disclosed to the State Tax Assessor or an authorized agent for use in determining filing obligations and tax liability pursuant to Title 36 of the Maine Revised Statutes. No further use will be made of your social security number and it shall be treated as confidential tax information pursuant to 36 MRSA section 191.

Name:		
Mailing Address:		
City:	State:	Zip Code:
County:	Telephone #: (____) _____ - _____	
Social Security #: (____-____-____)		Date of Birth: _____
Employer Name:		
Employer Business Address:		
City:	State:	Zip Code:
County:	Telephone #: (____) _____ - _____	

PERSONAL DATA

Check appropriate response to the questions. Any **YES** response must be fully explained by written statement on a separate sheet of paper, signed and dated, and submitted with your application.

HAVE YOU EVER:

1. Had any state or territory of the U.S. or province/territory of Canada EVER deny your application for any type of examination, professional license, certificate or registration, or taken any disciplinary action against the license issued to you in that jurisdiction (including, but not limited to, warning, reprimand, fine, suspension, revocation or restrictions in permitted practice, probation with or without monitoring)?

YES NO

2. Left a regulatory jurisdiction while allegations were pending? YES NO

5. Suffered from any psychiatric or addictive disorder that would impair or require limitations on your functioning as a practitioner or resulted in an inability to engage in your professional practice for more than 30 days?

YES NO

6. Been indicted, arrested or convicted of any criminal offense (including motor vehicle offenses, but not including minor traffic or parking violations)?

YES NO

(If YES, please attach a detailed explanation and provide a copy of the court judgment/disposition.)

7. Been disciplined by a professional society or resigned while an accusation was pending?

YES NO

8. Had a pending claim or suit alleging malpractice liability, a claim settlement by negotiation/arbitration or judgment by a court in a claim of medical malpractice liability in which you are/were named as a defendant with any degree of liability including "nuisance" suits and including settlements made by your insurance company/representatives without your express consent?

YES NO

9. Been notified by the regulatory jurisdiction of any state or province of Canada of the existence of allegations, filed with or by that jurisdiction, against which were not dismissed by a finding of that jurisdiction that the allegations were without merit? (Note: Accusations which remain open as of the date of this application and which are not confidential by law require a **YES** response and explanation.)

YES NO

Name of Supervising Maine Licensed Chiropractor <i>(Please Print)</i>	
Maine Chiropractic License Number	
Signature	

I, the undersigned, affirm under penalties of perjury and subject to the disciplinary laws and rules of the board that all information requested in this application has been answered and that all answers are accurate and truthful. If granted a license by the Maine Board of Chiropractic Licensure, I will abide by the laws of the State of Maine and Board rules governing the practice of chiropractic, and will keep the Board informed of my current address.

Applicant's Name <i>(Please Print)</i>	
Applicant's Signature	
Date	



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ANNE L. HEAD
DIRECTOR



AUTHORIZATION OF CREDIT CARD PAYMENT

Fees owed to this Department may be paid by the use of a credit card. If you wish to pay your fee(s) with your credit card, please complete this form and send it with your application. Payment through credit cards will not be processed without this authorization form.

Name: (applicant fees being paid for)		
Mailing Address: (applicant fees being paid for)		
City:	State:	Zip Code:
County:	Telephone #: () -	
Name of cardholder: (if other than applicant)		
Mailing Address: (if other than applicant)		
City:	State:	Zip Code:

I authorize the State of Maine, Department of Professional and Financial Regulation, Office of Licensing and Registration to charge my:

Visa MasterCard _____

Card number

Expiration date: ____/____/____ in the amount of: \$ _____

Signature: _____ Date: ____/____/____



PHONE: (207)624-8600
(Office Phone)

PRINTED ON RECYCLED PAPER
(207)624-8653 (TTY/HEARING IMPAIRED)

FAX: (207)624-8637